

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION**

STONE BANK,

Plaintiff,

v.

Case No. 2:19-cv-02040-SHL-dkv

CAH ACQUISITION COMPANY 11, LLC,

Defendant.

PRELIMINARY REPORT OF SPECIAL MASTER

Pursuant to the Order of this Court entered on February 1, 2019, I attempted to obtain, review, and evaluate the financial records and operations of CAH #11. On January 31, 2019, I requested the following information from the attorneys for CAH #11: Medicare Cost reports, records of accounts receivable, a list of all bank accounts used by or on behalf of the hospital, payroll records, P/L statements, balance sheets, a list of vendor/suppliers, contracts for services, CAH reports, proof of liability insurance, proof of workers compensation insurance and proof of payment of withholding taxes for employers. I also asked a series of questions regarding the identity of the person or entity which handled various financial matters for the hospital. On February 2, 2019, I contacted the attorneys for CAH #11 and asked for the information listed in paragraph 7 of the Court's Order regarding the organizational structure and history of the hospital's deterioration.

In response to my requests, I received financial information in the form of an income statement from November 2017 thru September, 2018, a master contract list, proof of liability insurance and access to an account at US Bank. I was able to obtain information previously provided to Stone Bank and information regarding current accounts payable from Cheryl Manns, the Revenue Cycle Manager at the facility. Michael Layfield, the CEO, at Lauderdale Community Hospital and Donna Jenkins, the HR Director also supplied information.

I talked with vendors, employees, elected officials, local citizens, and representatives of

government agencies. I visited the facility and did extensive internet research on CAH #11 and its related entities.

I consulted with Gary Shorb regarding hospital operations and relied on his expertise to analyze financial documents.

I. DEVELOPMENT OF FINANCIAL TROUBLE

CAH Acquisition Company #11, LLC acquired the hospital in 2017. CAH #11 is owned by HMC/CAH Consolidated, Inc. HMC/CAH already owned several other rural hospitals. There are companies called CAH Acquisition Company numbers 1 thru 16. There appear to be ten of those hospitals still in operation. Empower H.M.S., LLC was hired to operate the hospital in the winter of 2017.

Empower began an arrangement whereby outside laboratories would send specimens to CAH #11 which would register them in a Laboratory Information System purchased to accommodate the influx of materials to be tested. The laboratory tests were not actually run at CAH #11 they were sent to another lab which actually performed the work. CAH #11 billed for the tests at the higher rates which can be charged by a critical access hospital. This scheme went on for two to three months before an insurance company began an investigation.

According to the news reports, the lab billing scheme was going on at other Empower H.M.S. run hospitals at the same time. In April, 2018, the story broke about irregularities at a hospital in Florida. At the same time the Auditor of the State of Missouri was investigating a hospital in Putnam County, Missouri.

At least two top level employees left Empower H.M.S. in the spring of 2018, the Chief Financial Officer and the head of Centralized Billing Operations. Those positions were filled but there was turnover in the new employees.

Bills for services rendered at the Lauderdale Community Hospital are generated at the hospital then sent to the Central Billing Office for review and collection. There have been four or five people running the Central Billing Office since April, 2018. The Collection process has slowed so that the average number of days for collection has gone from fifty-five to one hundred twenty.

I was told by Michael Layfield that as collections slow, services were being cut at the hospital because money was short. The hospital stopped providing basic services such as

mammography, nuclear medicine, cardiac rehab, and pulmonary rehab. An inpatient opioid addiction program was closed after the marketing director quit because she had not been paid her mileage. Mr. Shorb observed that all activity indicators were down in September, 2018, except for inpatient surgery.

The downward spiral continued until there were not adequate supplies to continue to offer basic services. Outpatient visits dropped as did ER visits and inpatient admissions.

Interestingly, the monthly operating revenues on the income statement for the year ending 9/30/18 do not reflect the loss of income that I was told about. The total operating revenues for 2018 are higher than those in 2017. Though there is fluctuation there was no noticeable decrease in revenues in 2018. The income statement does not show any decrease in the payment of operating expenses during the summer of 2018. The income statement does show a payment of \$1,022,583.00 for management fees in September 2018. The amount of that expenditure belies the assertion that Empower H.M.S. was so short of funds it could not provide funds for basic supplies.

I asked Empower's attorney, Frank Smith, if he could explain why the income statement did not show declines in operating revenue and expenditures. He said "It is what it is". In a later email he said that he should have told me that "the prior financials were not audited and that after reconciliation was done for cost reports, they changed".

Matt Slack, who I had been told was the Chief Financial Officer, told me the income statement I was provided was an unaudited, unadjusted internal document management used for operation. He assured me there had been a net loss in 2018 and asked how I got financial records without going thru accounting.

The income statement attached to an email from Frank Smith is "view only" so I am unable to include it in this report.

II. DETERIORATION OF HOSPITAL RESOURCES AND SUPPLIES

There were 147 employees on June 1, 2018. There were 116 on February 1, 2019. The local doctors who served as hospitalists are no longer working for CAH #11 though they are still treating their own patients who are admitted to the hospital. The surgeon quit approximately two weeks ago. The emergency room was on diversion on February 13, 2019, because there was no doctor. There is no doctor willing to work February 15, 16 or 17th so the ER is on diversion again.

The hospital has run out of basic supplies including toilet paper. Money has been pulled together by employees to purchase needed items. Stone Bank advanced \$5,000.00 to assist in purchasing supplies. The balance sheet provided to Stone Bank lists the value of supplies as \$216,484.00 in June 2018. That figure is consistent with the value since October 2017.

Basic equipment like copiers are inoperable.

The utilities were cut off for several hours on December 31, 2018, due to the failure to pay the bill.

On February 1, 2019, I visited the hospital and observed an outside door propped open. It was 45 degrees outside. I was told that there are problems with the heating system so I can only assume the temperature in the building cannot be properly regulated. I inquired about recent fire inspections and was told that an annual State Fire and Safety survey conducted in October, 2018, found numerous fire wall penetrations, issues with a generator and sprinklers, and medical records storage violations. About half of the recommended repairs were completed before funds ran out. Another inspection found deficiencies in the subdivision of walls in the building and with the emergency generator. Those deficiencies were supposed to be corrected by January 31, 2019.

III. MANAGEMENT STRUCTURE/DECISION MAKERS

I was not given an organizational chart though I specifically requested on more than one occasion. In talking with vendors and employees frequent reference was made to Jorge Perez. Mr. Perez is the president of Empower H.M.S., LLC, Empower Capital Group, LLCP, Empower Holding's Group, LLC and Rural Health Partners, LLC, and Empower H.I.S., LLC. Vendors described talking directly to Jorge Perez about payments and contracts. Vendors also referred to J.T. Lander, director of business development, as having some decision making authority, and Jennie Upenieks, HR director, as someone they dealt with. One person referred to Empower as "a family business".

An employee searching the internet found promissory notes indicating that Empower Capital Group, LLCP, had entered into Business Development Agreements with iHealthcare Management II Company to deliver management and administrative services for CAH Acquisition Company 11, LLC D/B/A Lauderdale Community Hospital. The note in the amount of \$1,656,231.00 was signed by Noel Mijares CEO of iHealthcare Management Company, borrower and Jorge A. Perez, Managing Partner, Empower Capital Group, LLCP. It is dated January 7,

2019.

On February 13, 2019, Michael Christenson, sent an email to employees of the hospital in which he referred to iHealthcare as the “new management company operating our company”. He signed it as “President Hospital Network, iHealthcare, Inc.”.

On Friday, February 15, 2019, I asked Frank Smith why no one had told me about the change in management companies. He was unaware that the change had actually taken place but said it made no difference because iHealthcare had the same employees and that Noel Mijares had been in the courtroom on January 29, 2019. In an email he said the transition had not been completed because of this case.

The iHealthcare website lists Noel Mijares, CEO; J.T. Lander, Head of Corporate Development; Jenni Upenieks, Vice President of Human Resources, and Michael Christensen, President Hospital Network.

Michael Layfield, the CEO for CAH #11, is in charge of the operation of the hospital and reports to Michael Christensen. Mr. Layfield told me that he talked to Matt Slack, the Chief Financial Officer about the need for funds. (Mr. Slack denied that he is CFO. He says he is a consultant).

Michael Layfield has access to an account at Bank Tennessee where cash paid at the hospital and other small sums of money are deposited. On Friday, February 8, 2019, I learned that Mike Layfield had been directed to transfer money from that account to Empower H.M.S. to help cover payroll at another hospital. The justification for the transfer of funds was that money had been transferred from other hospital s the week before to cover the payroll at Lauderdale Community Hospital. He does not have control over any other funds.

IV. SELF-FUNDED EMPLOYEE HEALTHCARE BENEFITS PROGRAM

On August 1, 2017, Core Management Resources Group (CORE) of Macon, Georgia, entered into a Third Party Administrative (TPA) Services contract with Empower Healthcare Management Services, LLC. The contract was signed by Jorge Perez.

The motivation for going self-funded was to save money. Empower was spending about \$700,000.00 per month on health insurance for the employees of its hospitals. The self-funded plan would require about \$300,000.00 per month to fund it. (I have no figures on how much

employees are or were contributing. The HR director at the hospital is no longer able to access payroll records).

After the first month, Empower failed to fund the plan. CORE tried for months to obtain appropriate funding and adequately pay liabilities. CORE paid over \$10,000.00 in unreimbursed legal fees defending and exonerating itself from multiple complaints made by employee to the State of Missouri Insurance Commissioner's Office and similar agencies. The complaints were based on the failure to timely pay claims for medical services delivered to employees. CORE representatives appealed to Jorge Perez and J.T. Lander for payment repeatedly.

In December, 2018, CORE terminated the contract. All healthcare claims owed by Empower received by CORE prior to December 31, 2018, are now in "processed and ready to pay status". On three occasions CORE requested information about the current TPA in order to transfer the unpaid claims but received no response from Empower.

Empower's liabilities for the Self-Funded Employee Benefit Program as of 2/11/19 were:

| | |
|---------------------|--------------|
| Medical Claims | 2.6 million |
| Pharmacy Scripts | \$170,635.00 |
| Administrative Fees | \$ 64,375.00 |

On February 13, 2019, the employees of Lauderdale Community Hospital received a letter from iHealthcare regarding their health insurance claims. Copy attached. In the letter Nick Mijares refers to the self-insurance plan provided by the "previous management entity" becoming unsustainable at mid-year.

He outlines a complicated method by which employees should provide iHealthcare with a list of unpaid bills and unreimbursed expenses and asking everyone to work with them according to the plan with the caution, "any deviations may result impending progress of achieving resolution to your own issues, as well as the issues of other employees throughout the system. Mr. Mijares goes on to explain that by submitting the information the employee is authorizing iHealthcare to act on his/her behalf, and:

"Further, you acknowledge that the decision regarding the selection of the specific employee health insurance plan and its subsequent administration preceded iHealthcare's tenure as manager of your facility and all took place prior to iHealthcare's involvement as Management Company. As such, iHealthcare played no part in any of these decisions and you are indemnifying iHealthcare, Inc. and its subsidiaries, directors and officers from any liability for any real or alleged adverse outcomes that have or may result from the selection, and/or the resolution

of any claims involving the health insurance plan in questions.”

There is a new TPA for the self-funded plan according to the HR director at the hospital. Employees have been told they have insurance now though they have not been issued insurance cards for dental insurance.

V. CURRENT SITUATION

A. FINANCIAL

I was given access to an account at US Bank but was only able to view the amounts of transactions not the source of credits or debts. The credits were for small amounts. There were very few debits so it does appear to be an account used for the operation of a business. The balance in the account on 2/15/19 was \$12,000.00 according to a representative of US Bank.

No one I spoke with at the hospital in Ripley has any knowledge about financial operations. When I asked about information on the income statement more than one person suggested it could all be “lies”.

I have no current information on accounts receivable but the hospital is expecting to receive \$858,000.00 from CMS on February 19, 2019. I have also been told by State officials that a payment will be forthcoming from TennCare.

Cheryl Manns, the Revenue Cycle Director at the hospital gave me an up-to-date list of critical needs the most pressing of which are:

1. Payment for doctors: The ER is staffed by doctors from Nortek and by local independent doctors. Nortek owed \$181,491.69 as of 2/15/19. The independent doctors were owed \$92,630.50 as of 2/12/19. Dr. Zaidi, the hospitalist, is owed \$35,000.00.
2. Wages for employees: Friday, February 15 was payday. Ms. Manns estimated \$200,000.00 is needed to cover payroll. The employees of the corporate offices and three other were not paid last week.
3. Supplies: There is a critical need to pay the suppliers of linens and medical supplies of linens and medical supplies \$5,302.00 immediately.
4. Repairs: The repairs to the building to satisfy fire codes must be made.
5. Equipment: Only three copy machines are working. The company which provides and services is owed \$3,787.24.

The remaining unpaid bills on the list total \$364,232.30. I have attached a copy of the list to this report.

B. STAFFING

On February 15, 2019, the Revenue Cycle Director reported to the Tennessee Department of Health that the Emergency Room was closed. There were two inpatient or swing bed patients currently in the hospital. The hospital was staffed by an ER Registration Representative, two Registered Nurses in the emergency department, one licensed Practical Nurse, and a Monitor Technician for the floor.

The Company providing doctors for the emergency decided on February 15, 2019, that it will not provide staffing for February 17-20, 2019, because there is no guarantee of payment or that a physician would relieve their doctor after her scheduled shifts.

I have spoken with hospital administrators who opined that the problem keeping doctors in the emergency room is very serious but the loss of the nursing staff and other employees would doom the operation of the hospital. The staff has been paid late six times in the last several months including the last pay period. They had no health insurance for months as a result of the failure of the management to fund the self-insurance plan so many of them have unpaid medical bills. The employees are being charged for dental insurance which they cannot use because they have not been enrolled in a plan. Money withheld from an employee's check to pay the Chapter 13 Trustee was not paid until the employee filed an adversary action. Deductions for 401K plans are months behind in being deposited with Transamerica. They are working without supplies in an atmosphere of constant tension due to understaffing and uncertainty as to whether they will be paid.

CONCLUSION

The Lauderdale Community Hospital remains open because of the loyalty of its employees and the support of the community but without funding and proper management it cannot survive.

Respectfully submitted,

/s/Marianna Williams
Marianna Williams, #7199
ASHLEY & ARNOLD
322 N. Church Street
P.O. Box H
Dyersburg, TN 38025
Telephone: (731) 285-5074

CERTIFICATE OF SERVICE

I, Marianna Williams, hereby certify that I have served a true copy of the foregoing instrument electronically or by depositing a copy of same in the U.S. mail postage paid, to the following parties on the 19th day of February, 2019:

Lewis L. Cobb, Jr.
Attorney for Plaintiff
lewiscobb@spraginslaw.com

Jerry P. Spore
Attorney for Plaintiff
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Frank M. Smith
Attorney for Defendant
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/s/ Marianna Williams
Marianna Williams



Healthcare Claims – Core – Lincoln Products

Dear Staff,

As we continue moving forward, we wanted to update each of you on current projects, in specific our commitment to rectify the issues involving health insurance claims and benefits over the last year. The self-insurance plan provided by the previous hospital management entity proved unsustainable at approximately the mid-year. As such, many claims were left unsatisfied and providers refused to accept the employees' insurance coverage. iHealthcare has made it a priority to facilitate the necessary reimbursements, repayments and refunds to both the providers who are owed and the employees who directly paid for their healthcare needs.

I have personally led our executive team in creating a mechanism to prioritize and resolve all issues. We are reaching out to every affected employee, asking everyone to work with us according to the plan that we have laid out. Any deviations may result impeding progress of achieving a resolution to your own issues, as well as the issues of other employees throughout the system.

To expedite this process, we will be breaking down submissions for resolution into the following categories.

Phase One:

Out-of-pocket expenditures on behalf of a covered employee or their covered dependents, we need as follows:

1. In the body of an email, create separate sections for each covered employee and/or covered dependent and;
 2. Under the name of each covered employee or covered dependent please provide:
 - 2.1. the names and addresses of each provider who was paid for the delivery of services to the covered employee or dependent with a corresponding description and the dates of delivery of the covered healthcare services;
 - 2.2. itemized cost invoiced for each service;
 - 2.3. the itemized out-of-pocket-expenditures by the employee for the specified service;
 - 2.4. the itemized outstanding balance, if any for each service.
3. At the bottom of the email, please identify the total out-of-pocket expenditures claimed by the covered employee, minus an itemized list of expenditures which go towards satisfying your yearly deductible.

4. Scan and attach any documented proof including, but not limited to, the delivery and costs of any covered healthcare service and receipts showing proof of the claimed out-of-pocket expenditures, including those which go towards satisfying your yearly deductible.
5. Email those items to phase1claims@ihealthcaresystems.com with a subject line comprised of "facility identifier, last name, first name – Phase1".

Phase Two:

Claims on behalf of a covered employee or their covered dependents that have been turned over to a 3rd party collection agency.

1. In the body of an email, create separate sections for each covered employee and/or covered dependent and;
2. Under the name of each covered employee or covered dependent please provide;
 - 2.1. the names and addresses of each provider who are owed for the delivery of services to the covered employee or dependent with a corresponding description and the dates of delivery of the covered healthcare services;
 - 2.2. itemized cost invoiced for each service;
 - 2.3. the names and addresses of each collection entity who have made contact with the employee for payment and for which services they are seeking collection;
 - 2.4. Scan and attach any documentation regarding each claim, as well as personal receipts of expenditures which would go towards satisfying your yearly deductible.
3. Email those items to phase2claims@ihealthcaresystems.com with a subject line comprised of "facility identifier, last name, first name – Phase2".

Phase Three:

Claims on behalf of a covered employee or their covered dependents in which the provider of the covered healthcare service is currently seeking payment.

1. In the body of an email, create separate sections for each covered employee and/or covered dependent and;
2. Under the name of each covered employee or covered dependent please provide;
 - 2.1. the names and addresses of each provider who are owed for the delivery of services to the covered employee or dependent with a corresponding description and the dates of delivery of the covered healthcare services;
 - 2.2. itemized cost invoiced for each service;

2.3. Scan and attach any documentation regarding each claim, as well as personal receipts of expenditures which would go towards satisfying your yearly deductible.

3. Email those items to phase3claims@ihealthcaresystems.com with a subject line comprised of "facility identifier, last name, first name – Phase3".

Please note that by submitting this information for processing, you and your dependents are voluntarily disclosing personal health records and authorizing iHealthcare to act on your behalf as your agent to successfully mitigate these claims.

Further, you acknowledge that the decisions regarding the selection of the specific employee health insurance plan and its subsequent administration preceded iHealthcare's tenure as manager of your facility and all took place prior to iHealthcare's involvement as Management Company. As such, iHealthcare played no part in any of these decisions and you are indemnifying iHealthcare, Inc. and its subsidiaries, directors, and officers from any liability for any real or alleged adverse outcomes that have or may result from the selection, and/or the administration, and/or the resolution of any claims involving the health insurance plan in question.

Concurrent with these efforts, we are also working on remedying the situation regarding those employees who paid premiums for the Lincoln Financial supplemental insurance product over the last year. Our executive team is currently formulating and are poised to roll out an orderly process for payroll reimbursements to the affected employees.

iHealthcare is steadfast in resolving these issues for all those in the iHealthcare family of hospitals. We are focused on the resolution of these claims until satisfied and I appreciate your patience and commend you for your patience and hold you in my highest esteem for your perseverance.

Sincerely,

/s/ Noel Mijares

Noel Mijares
CEO, President
iHealthcare, Inc.

LAUDERDALE AP 2-12-19 CRITICAL PAYMENTS NEEDED TODAY

| | | | |
|----------------------------------|--|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMERGENCY ROOM PHYSICIANS | | | |
| BERCU | | \$24,937.50 | will take \$15,000.00 |
| F. WILLIAMS | | \$12,305.50 | must have all |
| RAMIREZ | | \$1,560.00 | |
| WOODS | | \$1,620.00 | |
| GALVEZ | | \$32,887.50 | will take \$18,412.00 |
| HOWARD | | \$22,500.00 | must have all |
| JAMES | | \$4,750.00 | |
| TIGGELLAAR | | \$4,680.00 | |
| NORTEK MEDICAL STAFFING | | \$132,408.00 | up to January 22 |
| | | \$237,648.50 | |
| | | | |
| SYED ZAIDI, M.D. | | \$35,000.00 | NOVEMBER AND DECEMBER INVOICE FOR HOSPITALIST AND MEDICAL DIRECTOR SERVICES HEIDI 731-221-1637 |
| KONICA COPIERS | | \$3,350.41 | On Credit Hold for PAST DUE INVOICES - DEFAULT ON CONTRACT - Email from Teresa Santaniello for inv# , 9004739556, 9004729734, 9004829737, 9004829739, BALANCE \$3,350.41 NEED SERVICE AND SUPPLIES ON EQUIPMENT CHARLES BROWN 201-934-4710 |
| KONICA MINOLTA PREMIER FINANCE | | \$436.83 | On Credit Hold - DEFAULT ON CONTRACT PAST DUE INVOICES # 68302308, 68601296 and 68802525, 32423733, 32554148, 32686881 CHARLES BROWN 201-934-4710 |
| LINEN KING | | \$3,584.00 | LINEN DELIVERY NEEDED INV# R365111918 \$1139.75, R365112618 \$845.05, R365113018 \$855.70 R365121018 \$743.50 |
| MASIMO | | \$218.00 | PO# 3310 PULSE OX PROBES |
| MCKESSON MEDICAL SURGICAL | | \$1,500.00 | BASIC MEDICAL SUPPLIES |
| NEXAIR | | \$4,886.70 | ON CREDIT HOLD FOR PAST DUE INVOICES FOR SMALL CYLINDER OXYGEN - NEED PAYMENT TO CONTINUE SERVICE QOH ,<3 CYLINDERS LEFT IN BLDG BETTY AGIS 901-344-5256 |
| TN DEPT OF ENV & CONSERVATION | | \$1,170.00 | NUCLEAR MEDICINE LICENSE RENEWAL DUE BY FEBRUARY 1ST |
| TN DEPT ENV & CONSERVATION | | \$125.00 | UNDERGROUND STORAGE TANK FEE RENEWAL |
| QUEST DIAGNOSTICS | | \$5,603.18 | INV# 9178654472 AND 9178955545 ONLY RESOURCE FOR REFERENCE LAB BALANCE \$19,665 |
| EMPLOYEE REIMBURSEMENTS | | \$4,834.51 | EMPLOYEES REIMBURSEMENTS FOR HOSPITAL SUPPLIES/EQUIPMENT, LICENSE RENEWALS, ETC. |
| H & J BACKFLOW | | \$850.00 | PREPAYMENT REQUIRED \$600 in past due invoices (inv# 013375, 004521) plus current quote for BACKFLOW TESTING REQUIRED BY STATE) (3RD NOTICE) JUNIOR JORDAN 731-694-2377 |
| ROCHE | | \$21,149.30 | PAST DUE INVOICES PER JIM SHOUSE'S EMAIL 1-14-19 HOLDING ACCUCHECK ORDER |
| RIPLEY GAS & WATER | | \$3,500.00 | |
| TENNESSEE HOSPITAL ASSOCIATION | | \$9,050.00 | INVOICE FOR MEMBERSHIP DUES |
| ADP | | \$286.80 | ON CREDIT HOLD FOR BACKGROUND CHECKS 888-606-7868 ACCT# 1481441 |
| STERICYCLE | | \$2,594.54 | PAST DUE INVOICES 4008131843, 4008195206, 4008259699 NOTICE FOR POTENTIAL SUSPENSION RECEIVED 1-23-19 RED BIOHAZARD PICKUP SERVICE |

| | | | |
|-----------------------------------------|--|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AENEAS | | \$6,479.00 | ON CREDIT HOLD - LONG DISTANCE PHONE BILL |
| PRAXAIR - BULK OXYGEN | | \$5,895.05 | ON CREDIT HOLD FOR PAST DUE INVOICES 83489919, 83936058, 84422370, 84771693, 85106163 BENJAMIN BERGSTROM 515-257-5019 |
| UPS | | \$372.53 | ON CREDIT HOLD - PAST DUE INVOICES - 000045W4E3398, 3408, 3418, 3426, 3428, 3438 800-742-5877 |
| TRUCODE | | \$9,109.50 | ON CREDIT HOLD /SUPPORT - INVOICE # 4059 for coding license fee/support,. BALANCE \$18,219.00 JNERI 404-606-1699 |
| STATE OF TENNESSEE FISCAL SRVCS | | \$100.00 | STATE ANNUAL HEALTH PLANNING FEE PAM HARVELL 615-741-3846 |
| HERC | | \$9,200.00 | CT LEASE PAYMENT - CT EQUIPMENT DOWN AND WILL NOT SERVICE UNTIL PAID BRIAN MILLER 918-269-9224 |
| DIAGNOSTICA STAGO | | \$5,916.00 | APRIL, MAY AND JUNE PAST DUE INVOICES |
| MEDLINE | | \$10,000.00 | ON CREDIT HOLD FOR BASIC MEDICAL SUPPLIES - ONLY RESOURCE FOR MOST PRODUCTS INCLUDING IV TUBING SUPPLIES (CRITICALLY LOW) |
| SYSMEX - LABORATORY REAGENTS | | \$11,361.00 | ON CREDIT HOLD FINAL NOTICE OLDEST INVOICES FROM 2015-2016-2017 TO BE PAID FOR PARTIAL PAYMENT - PAST DUE INVOICES FROM 2015-2016 LANA DIMENT 888-879-7639 |
| JENNIFER MCCUTCHEON- EMPOWER HOPE GRANT | | \$814.42 | EMPOWER HOPE GRANT REIMBURSEMENT FOR EXPENSES (GRANT DEPOSIT MADE ON 9-27-18) NEED TO CLOSE OUT GRANT PROCEEDS |
| MASIMO | | \$218.40 | PREPAID PO# 3292 FOR PULSE OX PROBES |
| STAYWELL | | \$259.84 | PREPAID ORDER ON PO# 3278 PLUS PAST DUE INVOICE # 8182936 OF \$130.88 HAS TO BE PAID SO THEY WILL SHIP CURRENT ORDER |
| SHAMROCK LABELS | | \$823.83 | PAST DUE INVOICES HAVE TO BE PAID FOR THEM TO PROCESS OUR CURRENT ORDER FOR NEXTGEN LABELS |
| ABSOLUTE IMAGING | | \$3,000.00 | PAST DUE INVOICES NUCLEAR MEDICINE CAMERA NEEDS PM DONE OWE \$6,375 PAY WITH CARDINAL HEALTH AT SAME TIME |
| CARDINAL HEALTH | | \$15,000.00 | PAST DUE INVOICES BALANCE \$23,653.86. NEGOTIATED DOWN TO \$15,000 BUT NEEDS TO PAY WITH ABSOLUTE IMAGING AT SAME TIME. |
| OLYMPUS | | \$7,082.00 | PAST DUE INVOICES - BALANCE \$7,082 WANTING TO SET UP A PAYMENT PLAN - OTHERWISE COLLECTION AGENCY |
| LAUD. COUNTY ASSESSOR TAXES 2016 | | \$8,720.00 | 2016 PAST DUE NEED TO CONFIRM WITH AP |
| LAUD. COUNTY ASSESSOR TAXES 2016 | | \$59,438.00 | 2016 PAST DUE NEED TO CONFIRM WITH AP |
| LAUD. COUNTY ASSESSOR TAXES 2017 | | \$59,438.00 | 2017 PAST DUE NEED TO CONFIRM WITH AP |
| LAUD. COUNTY ASSESSOR TAXES 2017 | | \$7,368.00 | 2017 PAST DUE NEED TO CONFIRM WITH AP |
| RIPLEY CITY PROPERTY TAXES 2018 | | \$48,481.00 | 2018 TAXES NEED TO CONFIRM OUTSTANDING INVOICE AMOUNTS WITH AP |
| RIPLEY CITY PROPERTY TAXES 2018 | | \$2,512.00 | 2018 TAXES NEED TO CONFIRM OUTSTANDING INVOICE AMOUNTS WITH AP |
| DRAEGER - SURGERY | | \$5,000.00 | PAST DUE INVOICES - DEMANDING \$9,624 BALANCE |
| LIFEBLOOD (VITALANT) | | \$17,925.00 | PAST DUE INVOICES GOING TO LITIGATION |
| OFFICE DEPOT | | \$3,474.95 | PAST DUE INVOICES - BALANCE \$3474.95 Has been turned over to collections |
| TECH, INC | | \$8,015.00 | PAST DUE INVOICE FOR REPAIR MADE IN RADIOLOGY |
| FED EX | | \$1,364.38 | PAST DUE INVOICES - ON CREDIT HOLD - COLLECTION AGENCY IS CALLING - NO RESOURCE FOR SHIPPING ANYTHING |
| TN DEPT OF TRANSPORTATION | | \$140.00 | OUTDOOR SIGN PERMIT RENEWAL WITH STATE - LATE FEE AFTER 12-31-18 OF \$130 |
| CSI | | \$244.80 | PAST DUE INVOICE # 18-20985 ON SUPPORT CREDIT HOLD FOR CODING SUPPORT |
| AUSTON MEALER REPAIRS | | \$405.00 | PAST DUE INVOICE # 3385-13151 HAS CALLED MULTIPLE TIMES REGARDING PAST DUE INVOICE |
| SDG PRIMARY & IMMEDIATE CARE | | \$747.00 | INVOICES # 1020 AND 1023 SPACE RENTAL FOR CLINIC - NEED TO PAID, IT'S A REFERENCE CLINIC AND CONTRACT OBLIGATION, STARK LAW VIOLATION |
| US STANDARD | | \$358.73 | PAST DUE INVOICE |
| SMART CARE EQUIPMENT | | \$918.84 | PAST DUE INVOICE # 95215676 |